

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

						SERIAL NO.	FILING DATE			
						APPLICANT(S)				
						CLAIMS				
CLM	AB FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
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50										
TOTAL CLAIMS	18									
TOTAL IND.	10									
TOTAL DEP.	9									
TOTAL DEP.	22									
TOTAL CLAIMS	38									
* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS										